



SOUTHMAYD & MILLER

EB 5  
1220 Nineteenth Street, N.W.  
Suite 400  
Washington D.C. 20036  
Telephone (202) 331-4100  
Telecopier (202) 331-4123

September 30, 1997

RECEIVED

VIA HAND DELIVERY

SEP 30 1997

FEDERAL COMMUNICATIONS COMMISSION  
OFFICE OF THE SECRETARY

Mr. William F. Caton  
Acting Secretary  
Federal Communications Commission  
1919 M Street, N.W., Room 222  
Washington, D.C. 20554

Re: K265CK  
Kachemak City, AK

Dear Mr. Caton;

On behalf of Peninsula Communications, Inc., there is transmitted herewith, in triplicate, an FCC Form 303-S Application For Renewal of License for the above-referenced FM translator station.

No processing fee accompanies this application due to the fact a renewal application was filed for this FM translator in connection with the December 1, 1995 license renewal window.

Please contact the undersigned should you have any questions regarding this matter.

Very truly yours,

Peninsula Communications, Inc.

By   
Jeffrey D. Southmayd

Its Attorney

Enclosures

FOR  
FCC  
USE  
ONLY

PN 12-11-97

**FCC 303-S**  
**APPLICATION FOR**  
**RENEWAL OF LICENSE**  
**FOR AM, FM, TV,**  
**TRANSLATOR OR**  
**LPTV STATION**

FOR COMMISSION USE ONLY

FILE NO.

9709304F

AM, FM and TV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, III AND V ONLY.

FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, IV AND V ONLY.

IF APPLICATION IS FOR RENEWAL OF LICENSES FOR BOTH A PRIMARY STATION and A CO-OWNED TRANSLATOR WHICH REBROADCASTS THE PRIMARY STATION'S SIGNAL, APPLICANT MUST COMPLETE AND SUBMIT SECTIONS I, II, III, IV AND V.

**SECTION I (FEE INFORMATION) - TO BE COMPLETED BY ALL APPLICANTS**

1. PAYOR NAME (Last, First, Middle Initial)			<b>RECEIVED</b>									
PENINSULA COMMUNICATIONS, INC.			SEP 30 1997									
MAILING ADDRESS (Line 1) (Maximum 35 characters)			FEDERAL COMMUNICATIONS COMMISSION									
P. O. BOX 109			OFFICE OF THE SECRETARY									
MAILING ADDRESS (Line 2) (Maximum 35 characters)												
CITY	STATE OR COUNTRY (if foreign address)	ZIP CODE										
HOMER	ALASKA	99603-0109										
TELEPHONE NUMBER (include area code)	CALL LETTERS	OTHER FCC IDENTIFIER (IF APPLICABLE)										
(907) 235-6000	K265CK											
2. A. Is a fee submitted with this application?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1112):												
<input type="checkbox"/> Governmental Entity <input type="checkbox"/> Noncommercial educational licensee <input checked="" type="checkbox"/> Other (Please explain): FCC will waive filing fee because second renewal is within 26 months.												
C. If Yes, provide the following information:												
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B).												
(A)	(B)	(C)										
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY									
(1) <table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td>\$</td></tr></table>	\$	<table border="1"><tr><td></td></tr></table>	
\$												
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.												
(A)	(B)	(C)										
(2) <table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td>\$</td></tr></table>	\$	<table border="1"><tr><td>FOR FCC USE ONLY</td></tr></table>	FOR FCC USE ONLY
\$												
FOR FCC USE ONLY												
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) AND (2), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.			TOTAL AMOUNT REMITTED WITH THIS APPLICATION									
			<table border="1"><tr><td>\$</td></tr></table>		\$							
\$												
			FOR FCC USE ONLY									

SECTION II - TO BE COMPLETED BY ALL APPLICANTS

1. NAME OF LICENSEE OF AM, FM OR TV STATION		NAME OF LICENSEE OF FM OR TV TRANSLATOR OR LOW POWER TV STATION	
		PENINSULA COMMUNICATIONS, INC.	
MAILING ADDRESS P. O. BOX 109			
CITY HOMER		STATE ALASKA	ZIP CODE 99603-0109

2. This application is for: ☐ Commercial ☐ Noncommercial

(a) ☐ AM ☐ FM ☐ TV

Call Letters	Community of License	
	City	State

(b) ☒ FM Translator ☐ TV Translator ☐ Low Power TV

Call Letters K265CK	Area Licensed to Serve	
	City KACHEMAK CITY	State ALASKA

Call Letters	Area Licensed to Serve	
	City	State

3. Attach as an Exhibit an identification of any FM booster or TV booster station for which renewal of license is also requested.

Exhibit No.
-------------

4. Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.
-------------

5. Since the filing of the applicant's last renewal application or any other application for the subject station(s), has an adverse finding been made or final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☒ No

If the answer is Yes, attach as an Exhibit a full disclosure concerning the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.
-------------

6. Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact, including exposure of workers or the general public to levels of RF radiation exceeding identified health and safety guidelines issued by the American National Standards Institute?

☐ Yes ☒ No

NOTE: Licensees of FM translator stations transmitting with an effective radiated power (ERP) of 100 watts or less are not subject to the RF radiation requirements of 47 C.F.R. Section 1.1307(b).

If Yes, attach as an Exhibit an Environmental Assessment, as required by 47 C.F.R. Section 1.1311.

If No, explain briefly why not.

Exhibit No.
-------------

☒ Explanation attached

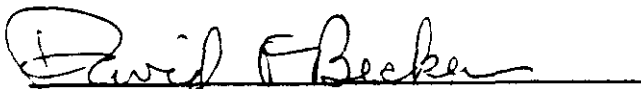
FM 105      FM 102      AM 620  
K-WAVE • KPEN • KGTL RADIO  
Contemporary Hits • Country • Soft Hits  
Homer ~ Kenai-Soldotna ~ Seward ~ Kodiak

SEPTEMBER 25, 1997

FCC 303-S SECTION II

QUESTION #6 - EXPLANATION

*I have examined the Commission's environmental requirements in 47 C.F.R. Section 1.1307 as outlined in Appendix C to the License Renewal Booklet. Based on my completion of the worksheets therein, I have determined that operation of my facilities will not have a significant environmental impact as defined by Section 1.1307, which includes consideration of the exposure of workers or the general public to levels of radio frequency radiation exceeding identified guidelines issued by the American National Standards Institute.*



DAVID F. BECKER, PRESIDENT

**SECTION IV : TO BE COMPLETED BY FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS ONLY**

1. Is the applicant's station currently operating and rebroadcasting the signal of an FM, TV or LPTV station?

☒ Yes ☐ No

If Yes, identify the station being rebroadcast:

Call Sign	Channel No.	City of License/Area Served
KPEN-FM	269	SOLDOTNA, ALASKA

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to resume operations.

Exhibit No.

2. Is the station being rebroadcast licensed to either the applicant or a commonly controlled entity?

☒ Yes ☐ No

If No, has the required retransmission consent been obtained?

☐ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

3. Is the station being rebroadcast the same station as previously notified?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation, including an identification of the station that was previously rebroadcast.

Exhibit No.

**4. FOR LOW POWER TV APPLICANTS ONLY:**

Have the Broadcast Station Annual Employment Reports (FCC Form 395-B) been filed with the Commission as required by 47 C.F.R. Section 73.3612?

☐ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

**5. FOR FM TRANSLATOR APPLICANTS ONLY:**

(a) Is the applicant in compliance with 47 C.F.R. Section 74.1232(d) which prohibits the common ownership of a commercial primary station and an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast? This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.

☐ Yes ☒ No

If No, attach as an Exhibit an explanation.

Exhibit No.  
1

(b) Is the applicant in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station?

☐ Yes ☒ No

If No, attach as an Exhibit an explanation.

Exhibit No.  
1

## SECTION V: TO BE COMPLETED BY ALL APPLICANTS

FOR AM, FM OR TV APPLICANTS ONLY: Applicant has attached Sections I, II, III, and V only.

☐ Yes ☐ No

OR FM TRANSLATOR, TV TRANSLATOR OR LPTV APPLICANTS ONLY: Applicant has attached Sections I, II, IV and V only.

☒ Yes ☐ No

FOR CO-OWNED TRANSLATOR AND PRIMARY STATION APPLICANTS ONLY: Applicant has attached Sections I, II, III, IV and V.

☐ Yes ☐ No

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)


The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

### CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name DAVID F. BECKER	Signature 
Title PRESIDENT	Date SEPTEMBER 25, 1997

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FOREFETURE (U.S. CODE, TITLE 47, SECTION 503)).

**EXHIBIT NO. 1**

**The applicant has an application pending before the Commission to assign the license for this translator to Coastal Broadcast Communications, Inc. See FCC File BALFT-970701TZ. Accordingly, the applicant is proposing to divest the ownership of this translator and to bring the ownership thereof into compliance with the Commission's rules and policies.**



SOUTHMAYD & MILLER

AUDIO SERVICE

DIVISION

1220 Nineteenth Street, N.W.  
Suite 400  
Washington, D.C. 20036  
Telephone (202) 331-4100  
Telecopier (202) 331-4123

November 22, 1995

Federal Communications Commission  
Mass Media Services  
P.O. Box 358195  
Pittsburgh, Pennsylvania 15251-5195

Dear Sirs;

Transmitted herewith, in triplicate, on behalf of Peninsula Communications, Inc. are FCC Form 303-S applications seeking license renewal for the following FM translators:

K257DB, Anchor Point/Seldovia, Alaska  
K272CN, Homer, Alaska  
K272DG, Seward, Alaska  
K274AB, Kodiak, Alaska  
K265CK, Kachemak City, Alaska  
K285AA, Kodiak, Alaska  
K285DU, Homer, Alaska  
K285EF, Kenai, Alaska  
K292ED, Kachemak City, Alaska  
K285EG, Seward, Alaska  
K283AB, Soldotna, Alaska

The application is accompanied by a check in the amount of \$495.00 in payment of the application processing fee and a four page FCC Form 159 Fee Remittance Advice.

Please contact the undersigned should you have any questions regarding this matter.

Very truly yours,

Peninsula Communications, Inc.

By:

Jeffrey D. Southmayd

Its Attorney

Enclosures

FOR  
FCC  
USE  
ONLY

**FCC 303-S**  
**APPLICATION FOR**  
**RENEWAL OF LICENSE**  
**FOR AM, FM, TV,**  
**TRANSLATOR OR**  
**LPTV STATION**

FOR COMMISSION USE ONLY

FILE NO.

*BRT-9511242E*

AM, FM and TV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, III AND V ONLY.

FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS MUST COMPLETE AND SUBMIT SECTIONS I, II, IV AND V ONLY.

IF APPLICATION IS FOR RENEWAL OF LICENSES FOR BOTH A PRIMARY STATION and A CO-OWNED TRANSLATOR WHICH REBROADCASTS THE PRIMARY STATION'S SIGNAL, APPLICANT MUST COMPLETE AND SUBMIT SECTIONS I, II, III, IV AND V.

**SECTION I (FEE INFORMATION) - TO BE COMPLETED BY ALL APPLICANTS**

1. PAYOR NAME (Last, First, Middle Initial)

Peninsula Communications, Inc.

MAILING ADDRESS (Line 1) (Maximum 35 characters)

P.O. Box 109

MAILING ADDRESS (Line 2) (Maximum 35 characters)

CITY

Homer

STATE OR COUNTRY (if foreign address)

AK.

ZIP CODE

99603-0109

TELEPHONE NUMBER (include area code)

(907)-235-6000

CALL LETTERS

K265CK

OTHER FCC IDENTIFIER (IF APPLICABLE)

2. A. Is a fee submitted with this application?

☒ Yes ☐ No

B. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1112):

☐

Governmental Entity

☐

Noncommercial educational licensee

☐

Other (Please explain):

C. If Yes, provide the following information:

Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide." Column (B) lists the Fee Multiple applicable for this application. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number listed in Column (B).

(A)	(B)	(C)	
FEE TYPE CODE	FEE MULTIPLE (if required)	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(1) M A F		\$ 45.00	

To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

(A)	(B)	(C)	
			FOR FCC USE ONLY
(2)		\$	

ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) AND (2), AND ENTER THE TOTAL HERE.

THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED MITTANCE.

TOTAL AMOUNT  
REMITTED WITH THIS  
APPLICATION

\$ 45.00

FOR FCC USE ONLY

# SECTION II - TO BE COMPLETED BY ALL APPLICANTS

1. NAME OF LICENSEE OF AM, FM OR TV STATION		NAME OF LICENSEE OF FM OR TV TRANSLATOR OR LOW POWER TV STATION	
		Peninsula Communications, Inc.	
MAILING ADDRESS			
P.O. Box 109			
CITY	Homer	STATE	AK.
		ZIP CODE 99603-0109	

2. This application is for: ☒ Commercial ☐ Noncommercial

(a) ☐ AM ☐ FM ☐ TV

Call Letters	Community of License	
	City	State

(b) ☒ FM Translator ☐ TV Translator ☐ Low Power TV

Call Letters K265CK	Area Licensed to Serve	
	City Kachemak City,	State AK.

Call Letters	Area Licensed to Serve	
	City	State

3. Attach as an Exhibit an identification of any FM booster or TV booster station for which renewal of license is also requested.

Exhibit No.

4. Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

5. Since the filing of the applicant's last renewal application or any other application for the subject station(s), has an adverse finding been made or final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?

☐ Yes ☒ No

If the answer is Yes, attach as an Exhibit a full disclosure concerning the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.

Exhibit No.

6. Would a Commission grant of this application come within 47 C.F.R. Section 1.1307, such that it may have a significant environmental impact, including exposure of workers or the general public to levels of RF radiation exceeding identified health and safety guidelines issued by the American National Standards Institute?

☐ Yes ☒ No

NOTE: Licensees of FM translator stations transmitting with an effective radiated power (ERP) of 100 watts or less are not subject to the RF radiation requirements of 47 C.F.R. Section 1.1307(b).

If Yes, attach as an Exhibit an Environmental Assessment, as required by 47 C.F.R. Section 1.1311.

Exhibit No.

If No, explain briefly why not.

☐ Explanation

*I have examined the Commission's environmental requirements in 47 C.F.R. Section 1.1307 as outlined in Appendix C to the License Renewal Booklet. Based on my completion of the worksheets therein, I have determined that operation of my facilities will not have a significant environmental impact as defined by Section 1.1307, which includes consideration of the exposure of workers or the general public to levels of Radio Frequency radiation exceeding identified guidelines issued by the American National Standards Institute.*

**SECTION IV : TO BE COMPLETED BY FM TRANSLATOR, TV TRANSLATOR and LPTV APPLICANTS ONLY**

1. Is the applicant's station currently operating and rebroadcasting the signal of an FM, TV or LPTV station?

☒ Yes ☐ No

If Yes, identify the station being rebroadcast:

Call Sign	Channel No.	City of License/Area Served
KPEN	269C3	Soldotna, AK

If No, attach as an Exhibit a statement of explanation, including the steps the applicant intends to take to resume operations.

Exhibit No.

2. Is the station being rebroadcast licensed to either the applicant or a commonly controlled entity?

☒ Yes ☐ No

If No, has the required retransmission consent been obtained?

☐ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

3. Is the station being rebroadcast the same station as previously notified?

☒ Yes ☐ No

If No, attach as an Exhibit an explanation, including an identification of the station that was previously rebroadcast.

Exhibit No.

**4. FOR LOW POWER TV APPLICANTS ONLY:**

Have the Broadcast Station Annual Employment Reports (FCC Form 395-B) been filed with the Commission as required by 47 C.F.R. Section 73.3612?

☐ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

**5. FOR FM TRANSLATOR APPLICANTS ONLY:**

(a) Is the applicant in compliance with 47 C.F.R. Section 74.1232(d) which prohibits the common ownership of a commercial primary station and an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast? This restriction also applies to any person or entity having any interest in, or any connection with, the primary FM station.

☒ Yes ☐ No

If No, attach as an Exhibit an explanation.

Exhibit No.

1

(b) Is the applicant in compliance with 47 C.F.R. Section 74.1232(e) which prohibits an FM translator station whose coverage contour extends beyond the protected contour of the commercial primary station being rebroadcast from receiving any support (except for specified technical assistance), before, during or after construction, directly or indirectly, from the primary station or any person or entity having any interest in, or any connection with, the primary station?

☒ Yes ☐ No

Exhibit No.

1

If No, attach as an Exhibit an explanation.

## SECTION V: TO BE COMPLETED BY ALL APPLICANTS

FOR AM, FM OR TV APPLICANTS ONLY: Applicant has attached Sections I, II, III, and V only.

☐ Yes ☐ No

FOR FM TRANSLATOR, TV TRANSLATOR OR LPTV APPLICANTS ONLY: Applicant has attached Sections I, II, IV and V only.

☒ Yes ☐ No

FOR CO-OWNED TRANSLATOR AND PRIMARY STATION APPLICANTS ONLY: Applicant has attached Sections I, II, III, IV and V.

☐ Yes ☐ No

The APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

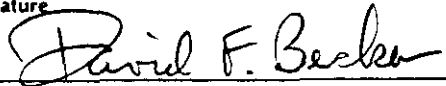
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

### CERTIFICATION

1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).

☒ Yes ☐ No

2. I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Name David F. Becker	Signature 
Title President	Date September 25, 1995

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503)



**FEDERAL COMMUNICATIONS COMMISSION**

**Washington, D. C. 20554**

**CHANGE IN OFFICIAL MAILING ADDRESS FOR BROADCAST STATION**

Mail to: Federal Communications Commission  
Mass Media Bureau  
Audio Services Division  
Washington, D. C. 20554

1. Licensee's Name:	Peninsula Communications, Inc.
2. Street Address of Post Office Box:	P.O. Box 109
3. City, State, and ZIP Code:	Homer, AK. 99603-0109
4. Call Sign and Type of Service:	K265CK FM Translator

47 C.F.R. Section 1.5 requires a permittee/licensee to keep the Commission informed of any change in mailing address in order that the station may be served documents or other official papers without delay.

Only **one** mailing address can be maintained for each broadcast station.

Due to lack of space the mailing address cannot contain an individual name (unless the licensee is an individual).

FCC 5072  
February 1995

EXHIBIT NO. 1

In approving the original construction permit and license for this translator, the Commission granted a request by Peninsula Communications, Inc. for a waiver of Sections 74.1232(d) and (e) of the rules. Peninsula is the licensee of KPEN(FM), Soldotna, Alaska. KPEN is the station that is rebroadcast on the subject translator. The translator operates outside the protected contour of KPEN. However, Peninsula is authorized by the Commission's waiver of Sections 74.1232(d) and (e) to operate the translator in its present mode.

L I C E N S E   R E N E W A L   A U T H O R I Z A T I O N  
-----

RUN DATE: 15-89-03

THIS IS TO NOTIFY YOU THAT YOUR  
APPLICATION FOR RENEWAL OF  
LICENSE WAS GRANTED ON 03-15-89  
FOR A TERM EXPIRING ON 04-01-96  
FREQUENCY: 100.9MHZ

THIS IS YOUR LICENSE RENEWAL  
AUTHORIZATION FOR STATION  
K265CK  
KACHEMAK CITY                      AK

PENINSULA COMMUNICATIONS, INC.  
K265CK                      FM TRANSLATOR  
PO BOX 103  
HOMER, AK 99603

THIS CARD MUST BE POSTED WITH THE  
STATION'S LICENSE CERTIFICATE AND  
ANY SUBSEQUENT MODIFICATIONS.

15



FCC 348  
March 1988

United States of America  
Federal Communications Commission  
Washington, D.C. 20554

Assigned by OMB  
3060-0018  
Expires 8/31/90

BRFT-881128 TO  
APPLICATION FOR RENEWAL OF LICENSE FOR TRANSLATOR OR LOW POWER TELEVISION BROADCAST STATION

1 Name of Applicant <b>PENINSULA COMMUNICATIONS, INC.</b>		Mailing Address P.O. BOX 103		FEE TYPE <b>MRV</b>
Call Letters <b>K265 CK</b>	City <b>HOMER</b>	State <b>ALASKA</b>	FEE AMT <b>\$ 30.00</b>	ZIP Code <b>99603</b>
2 This application is for: <input checked="" type="checkbox"/> FM Translator <input type="checkbox"/> TV Translator <input type="checkbox"/> Low Power TV			ID SEQ <b>23</b>	
3 Have the Annual Employment Reports (FCC Form 395) of the Low Power TV applicant been filed with the Commission as required by Section 73.3612 of the rules? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, attach as Exhibit No. ___ an explanation <b>N/A</b>			Is the applicant in compliance with the provisions of Section 310 of the Communications Act of 1934, as amended, relating to interests of aliens and foreign governments? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, attach as Exhibit No. ___ an explanation	
5 Since the filing of the applicant's last renewal application for this station or other major application, has an adverse finding been made, a consent decree been entered or final action been approved by any court or administrative body with respect to the applicant or parties to the application concerning any civil or criminal suit, action or proceeding brought under the provisions of any Federal, state, territorial or local law relating to the following: any felony, lottery; unlawful restraints or monopolies, unlawful combinations, contracts or agreements in restraint of trade; the use of unfair methods of competition, fraud, unfair labor practices, or discrimination? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, attach as Exhibit No. ___ a full description, including identification of the court or administrative body, proceeding by file number, the person and matters involved, and the disposition of litigation				
6 If the applicant is rebroadcasting the signals of another TV or FM station: (a) Identify station being broadcast: Call Sign <b>KPEN FM</b> Channel No. <b>269</b> Location <b>SOLDOTNA, ALASKA</b> (b) Has the required retransmission been obtained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, attach as Exhibit No. ___ an explanation.				

THE APPLICANT hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.)

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in the application.

CERTIFICATION

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Signed and dated this 23 day of NOVEMBER

WILLFUL FALSE STATEMENTS MADE ON THIS FORM  
ARE PUNISHABLE BY FINE AND IMPRISONMENT,  
U S CODE, TITLE 18, SECTION 1001

RECEIVED PENINSULA COMMUNICATIONS, INC.

By Signature

*David F Becker*

President

NOV 28 1988

### Question-by-Question Guidelines (FCC Form 348)

1. The name of the applicant should be stated exactly as it appears on the station's existing license. The current street address or post office box used by the applicant for receipt of Commission correspondence should be set forth.
2. The applicant should specifically indicate the nature of the station for which renewal is requested. See FCC Rules 74.1201(a), 74.701(a) and 74.701(f) for the definition of FM translator, TV translator, and Low Power TV broadcast station, respectively.
3. Every Low Power TV station with five or more full-time employees must file an employment report on or before May 31 of each year.
4. Aliens, foreign governments and corporations, and corporations of which any officer or director is an alien or of which less than 80% of the capital stock is owned or voted by U.S. citizens, are prohibited from holding a broadcast station license. Where a corporate licensee is directly or indirectly controlled by another corporation, of which any officer or more than 25% of the directors are aliens or of which less than 75% of that corporation's stock is owned or voted by U.S. citizens, the Commission must consider whether denial or renewal would serve the public interest. Licensees are expected to employ reasonable, good faith methods to ensure the accuracy and completeness of their citizenship representations.
5. This question is limited to adverse actions and judgments adjudicated or entered into within the preceding license term. Reportable activities consist of judgments or decrees, including settlement, consent, and like agreements, where the misconduct occurred either in the operation of the station for which renewal is requested or in the conduct of the other broadcast and non-broadcast activities of the renewal applicant and parties to that application, such as all partners and all corporate officers, directors, and stockholders with a 10% or more ownership interest in the applicant.
6. Section 325(a) of the Communications Act of 1934, as amended, prohibits any broadcast station from rebroadcasting the program (or any part thereof) of another broadcasting station without the express authority of the originating station.

**FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**  
The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The principal purpose for which the information will be used is to determine if the benefit requested is consistent with the public interest. The staff, consisting variously of attorneys, accountants, engineers, and application examiners, will use the information to determine whether the application should be granted, denied, dismissed, or designated for hearing. If all the information requested is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Accordingly, every effort should be made to provide all necessary information. Your response is required to obtain authority.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

FCC 348  
March 1988